TELEMEDICINE AND WORKERS' COMPENSATION



Telecommunications

- Advance Telecommunication capabilities are beginning to Transform the Workers Comp industry providing IW with a much needed alternative to onsite medical care.
- Telecommunications as a Virtual interaction involving multiple parties in the claim process.
- Top The most popular platform for Telemedicine is Telephone (59 percent)
- Email (41 percent) and Text Messages (29 percent) According to a Survey by Rock Health.
- Video base Telemedicine is experiencing rapid growth from 7 percent in 2015 to 22 percent in 2016

Usage

- Most common those 25-34
- Those above 55 years of age least likely to use telemedicine according to the Rock Health Survey
- Following an injured workers initial diagnosis and creation of the Dr. First report follow up visits are generally conducted every 45 days.
- These visits are generally hands off and a time for the injured worker and provider to discuss how the Treatment is progressing.
- Example of 70% clinical encounters that could be completed thru Telemedicine according to the American Medical association.

Usage

- IW is in a manufacturing industry injured night shift only other option is to go to local Emergency room
- Truck Driver injured in a remote location closes clinic several hundred miles away
- IW has frequent need for Transportation to Dr. appointments.
- Initial assessment of non Catastrophic or serious injuries
- Beneficial to Injured workers limited access to providers.
- Allows you to tap into the physician network allowing access to broader health care services.

Impact on the industry

- December 6, 2017 IT Company Mitchell and Risk & Insurance Magazine. Surveyed over 275 worker Comp professionals
- Nearly half indicated Telemedicine will have the biggest impact on the industry by helping them reduce the rising health care cost.
- One quarter indicate they are very likely to adapt new technologies over the next 5 years.
- 54 Percent telecommunications will be most effective in containing HealthCare cost.
- National Council Of Compensation Insurance Report estimates more than a 300% increase in medical benefits and lost time per from 2013-2015.
- Telemedicine is slated to Grow 6% annually to reach 7 Billion by 2020.

Growth of Telemedicine

Fewer physicians accepting Work Comp Cases.

Licensed in a State can practice anywhere in the state.

2017 9 out of 10 employers plan to offer Telemedicine.

49 States and District of Columbia have coverage for Telemedicine.

Barriers

• IW and medical providers not aware telehealth is a option.

Worker Compensation rules and State laws not clear on use.

Lack of internet in rural areas

Missouri

- Jan 1, 2014 Health Plans required to Cover Telemedicine Services
- Can not be charged more than onsite services.
- Out of State Physician can consult.
- 1 of 26 States that has a informed consent policy.

What is Telemedicine?

"The use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology."

What are the advantages of Telemedicine ("TM")?

- Convenience
- Access
- Timeliness
- Cost-Effectiveness v. Office Visits/Emergency
 Rooms/Urgent Care Centers
 - osaves ~\$140 per encounter)
- American Telemedicine Association (ATA)
 - 12,000 published studies on various applications of TM, supporting its cost-effectiveness, quality of care outcomes, and patient satisfaction

Is TM widely accepted?

- There are currently about 200 telemedicine networks, with 3,500 service sites in the U.S.
- Nearly 1 million Americans are using remote cardiac monitors and in 2011, the Veterans Health Administration delivered over 300,000 remote consultations using telemedicine
- Over half of all U.S. hospitals now use some form of telemedicine. Around the world, millions of patients use telemedicine to monitor their vital signs, remain healthy and out of hospitals and emergency rooms
- Consumers and physicians download health and wellness applications for use on their cell phones

A Faster, Easier Way to See a Doctor

The doctor is always in – midday or midnight, a doctor is available

An easy and convenient way to access a doctor for your open, compensable work-related injury:

- No appointment
- No waiting
- Access 24 hours a day / 7 days a week / 365 days a year

Consult a doctor by mobile, computer (web), or phone

A U.S. board certified doctor will treat you and provide prescriptions, if appropriate.

 This physician does not become or replace your authorized treating provider and should not be used for ongoing care.

For non-emergency care of your active, compensable workers compensation injury when:

- Your authorized treating provider is not reasonably available for consultation
- You are not sure if medical attention is needed
- You have concerns about things, such as:
 - Worsening of symptoms
 - Allergy to prescribed medications (e.g. rashes)
 - Infection of wounds
 - Complications of speed of recovery

Have your claim number for your open, compensable claim along with your adjuster name available and choose your most convenient way to see a doctor:

- 1. Download the App from Apple or Google Play by searching "Amwell"
- 2. Visit https://broadspire.amwell.com
- 3. Call 1-844-SEE-DOCS

Telemedicine

Immediate Care Anytime, Anywhere

Telemedicine is a new approach to claimant care, providing telehealth solutions 24/7/365 for consultations, diagnosis and prescriptions, if necessary. Whether at home, work or on the road, licensed physicians are always available to offer live video or telephonic visits for diagnosis and treatment of active, accepted work-related injuries or illnesses for non-life threatening issues.

The process is fast, convenient, secure and an easier way to see a doctor anytime, anywhere. Use of a telemedicine physician does not change the authorized treating provider and it is not for ongoing care. It provides convenient access to one-time only, non-emergency care which helps lower workers compensation medical expense by reducing the use of emergency rooms and urgent care clinics for work-related injuries or illnesses.

A Trusted Telehealth Partner

- Physicians with an average of 15 years experience in primary and urgent care
- Physicians who are U.S. Board Certified, credentialed to NCQA standards, and have unrestricted licensure in the claimant's state of residence

Claimant Convenience and Client Savings

- Multiple Points of Entry Available 100% of the time via mobile, computer (web), or phone
- Online provider profiles, pictures and patient reviews
- Reduces use and expense of emergency rooms/urgent care clinics

Telemedicine

Integrated with Broadspire

- Medical reports from all telehealth consultations are captured in the claim system and available to claims professionals, case mangers, and treating providers as needed.
- Prescribed medications processed through the Pharmacy Benefit Management (PBM) program when filled at a participating pharmacy

Quality

- Studies show services delivered via telemedicine are as good as traditional inperson consultations. Over 2000 conductive studies confirm the diagnostic accuracy and safety of telemedicine encounters
- Patients are directed to facilities if the presenting problems warrants more extensive care
- Prescriptions are electronically directed to the patient's desired participating pharmacy, but no controlled substances, like opioids, are permitted.

There When One-Time, Non-Urgent Care Is Needed

Telemedicine is available for non-emergency care related to an active, compensable, workers' compensation claim

- Authorized treating provider is not reasonably available for consultation and
- Concerns about things such as:
 - Worsening of symptoms
 - Allergy to prescribed medications (e.g. rashes)
 - Infection of wounds
 - Complications or speed of recovery

Telemedicine

FEATURES / BENEFITS (continued):

When to Use:

Available for non-emergency care related to an accepted workers' compensation claim

- Authorized treating provider is unavailable for immediate consultation
- Unsure if medical attention is needed

When NOT to Use:

- For conditions other than the active accepted condition
- By anyone other than the claimant (e.g. family, friends)
- As a substitute for treatment by treating physicians

Common Treatable Issues:

- Exacerbation of symptoms
- Allergy to prescribed medications (e.g. rashes)
- Infections of injured wounds
- Concerns about complications or speed of recovery

What are the ground rules and best practices?

- TM vendors must comply with complex and ever-evolving state regulatory and reimbursement policies
- Security and privacy practices consistent with HIPAA
- TM consultations provided by physicians licensed in state of patient's residence

What is our model for using TM?

- Clients offered TM program and must opt-out of the service
- Accepted claims only, with compensability defined
- Claimants advised and instructed about TM at time of claim acceptance
- Semi-urgent concerns when treating physician(s) not readily available

What is our model for using TM? (cont'd)

- One-off consultations; not designed for ongoing care
- TM physicians focus on the clinical concerns, and make no determinations concerning compensability, return-to-work, etc.
- Uploading of TM physician notes to Broadspire claim system
- Future consideration of TM use for triage at time of injury

Tele-Rehabilitation

- When in-person patient-provider interaction not required
- Can deliver live or pre-recorded videos or customized exercise plan via mobile apps on cell phone or tablet or on computer
- Allows remote patient monitoring through health and fitness trackers or self-reporting
- Can begin with videoconferencing and move to live, face to face interaction as needed
- Minimal access requirements: Wi-Fi and a smart device or computer

Tele-Rehabilitation

- Anticipated growth due to advancing technologies and increasing adoption of telehealth
- Early Application:
 - Heavy industries oil and gas sector and transportation
 - Distribution and warehouse facilities
 - Traveling sales reps
 - Cruise ship staff
 - Small or midsized businesses

Tele-rehabilitation

- Study completed by Bini and Mahajan compared Clinical outcomes of total knee replacement patients.
- Video Base participants reported 47 minutes of exercise daily
- Onsite participants reported 11 more min per day but also reported average of 75 min of travel time.
- Patient satisfaction was high in both groups
- Both groups reported communication with therapist was very easy.

The Process

- Rehab provider will review IW to assess appropriate candidate
- Walk them thru set up
- Provide IW with access to contact therapist.
- Step by step instructions and videos to complete the program.

Telemedicine for Triage

- Employer Provided with Onsite Vital monitoring Kit
- Employee is injured notifies Supervisor
- Report of injury is completed and care is authorized.
- Supervisor or nurse Triage determines if appropriate for Telemedicine.
- Employee provided private location to register with the Telemed program.
- Care Coordinator conducts registration and screening

Telemedicine for Triage

- If Injury is appropriate for telemedicine intake is completed and IW is handed off to treating clinician.
- IW is evaluated, Diagnosis and Treatment recommendation is provided
- Transferred back to Care coordinator for check out
- Check out Care instructions are provided, RTW status is provided and any follow up care coordinated.
- After the visit IW will receive paperwork via secure email
- Employer is notified of next steps or case closure.

Appropriate Injuries

- First Degree Burns
- Minor neck/Back strains
- Bruises/Contusions
- Abrasions/Scrapes
- Work Related rashes
- Tendonitis/Repetitive injuries
- Blood Borne pathogen exposure

Appropriate Care

- Follow up visit
- Rechecks
- If injury requires on site physical exam or is considered severe will still need to go to Occ med clinic or emergency room if indicated.

Benefits of the Program

- No need to arrange transportation to the clinic.
- No need to cover their shift while they are off site.
- Will not have loss of productivity due to time away.
- IW does not have to wait in a off site waiting room.
- Appropriate care provided in timely manner.

Tele-Rehab Advances

- As Tele Medicine and Tele-Rehab continues to grow
- Areas to monitor.
- Outcome Data.
- Legislative/Regulatory activity.
- Growing employer support and use.

Thank You